



PTO/SB/21 (09-04)

Approved for use through 7/31/2006

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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\$fw 3738

| TRANSMITTAL FORM   |  | Application Number   |  | 09/941,154   |  |
|--|--|--|--|--|--|
| (to be used for all correspondence after initial filing)   |  | Filing Date  |  | August 27, 2001  |  |
|  |  | First Named Inventor   |  | Bianchi, John R., et al.   |  |
|  |  | Art Unit   |  | 3738   |  |
|  |  | Examiner Name  |  | Paul B. Prebilic   |  |
|  |  | Attorney Docket Number   |  | RTI 112R IA/<br>1915-13980US03   |  |
| Total Number of Pages in This Submission   |  | 33   |  |  |  |
| ENCLOSURES (check all that apply)  |  |  |  |  |  |
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached  |  | <input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Petition   |  | <input type="checkbox"/> After Allowance Communication to TC   |  |
| <input checked="" type="checkbox"/> Amendment And Response Under 37 C.F.R. §1.111<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)  |  | <input checked="" type="checkbox"/> Response To Restriction Under 35 U.S.C. § 121<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD |  | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter |  |
| <input checked="" type="checkbox"/> Extension of Time Request – 3 months   |  |  |  | <input checked="" type="checkbox"/> Return-Receipt Postcard  |  |
| <input checked="" type="checkbox"/> Drawings – 8 sheets – Figs. 1, and 28-34B  |  |  |  | <input type="checkbox"/> Other Enclosure(s) (please identify below):   |  |
| <input type="checkbox"/> Information Disclosure Statement  |  |  |  |  |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)  |  |  |  |  |  |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application  |  |  |  |  |  |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53  |  |  |  |  |  |
| Remarks  |  |  |  |  |  |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT   |  |  |  |  |  |
| Firm   |  | McAndrews Held & Malloy, Ltd.  |  |  |  |
| Signature  |  |  |  |  |  |
| Printed Name   |  | Donald J. Pochopien, Reg. No. 32,167   |  |  |  |
| Date   |  | July 11, 2006  |  |  |  |
| CERTIFICATE OF MAILING   |  |  |  |  |  |
| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 07/11/2006. |  |  |  |  |  |
| Name (Print/type)  |  | Donald J. Pochopien  |  | Registration No. (Attorney/Agent)  |  |
| Signature  |  |  |  | Date   |  |
|  |  |  |  | 32,167   |  |
|  |  |  |  | 07/11/2006   |  |

JUL 18 2006

PTO/SB/17 (01-06)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# FEE TRANSMITTAL for FY 2006

Complete if Known

|                      |                            |
|----------------------|----------------------------|
| Application Number   | 09/941,154                 |
| Filing Date          | August 27, 2001            |
| First Named Inventor | Bianchi, John R., et al.   |
| Examiner Name        | Paul B. Prebilit           |
| Art Unit             | 3738                       |
| Attorney Docket No.  | RTI 112R IA/1915-13980US03 |

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1020.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

☒ Charge Fee(s) indicated below ☐ Charge Fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fees(s) ☒ Credit any overpayments under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES |                      | SEARCH FEES |                      | EXAMINATION FEES |                      | Fees Paid(\$) |
|------------------|-------------|----------------------|-------------|----------------------|------------------|----------------------|---------------|
|                  | Fee (\$)    | Small Entity Fee(\$) | Fee(\$)     | Small Entity Fee(\$) | Fee(\$)          | Small Entity Fee(\$) |               |
| Utility          | 300         | 150                  | 500         | 250                  | 200              | 100                  |               |
| Design           | 200         | 100                  | 100         | 50                   | 130              | 65                   |               |
| Plant            | 200         | 100                  | 300         | 150                  | 160              | 80                   |               |
| Reissue          | 300         | 150                  | 500         | 250                  | 600              | 300                  |               |
| Provisional      | 200         | 100                  | 0           | 0                    | 0                | 0                    |               |

## 2. EXCESS CLAIM FEES

## Fee Description

|  | Fee(\$) | Small Entity Fee(\$) |
|--|---------|----------------------|
| Each claim over 20 (including Reissues)            | 50      | 25                   |
| Each independent claim over 3 (including Reissues) | 200     | 100                  |
| Multiple dependent claims                          | 360     | 180                  |

Total Claims -20 or HP Extra Claims x Fee(\$) = Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims -3 or HP Extra Claims x Fee(\$) = Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

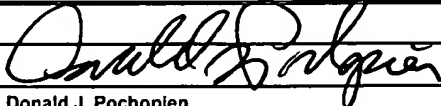
Total Sheets -100 Extra Sheets /50 Number of each additional 50 or fraction thereof (round up to a whole number) x Fee(\$) = Fee Paid(\$)

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition For Three Month Extension Of Time 1020.00

## SUBMITTED BY

|                   |   |                                   |               |           |               |
|-------------------|---|-----------------------------------|---------------|-----------|---------------|
| Signature         |  | Registration No. (Attorney/Agent) | 32,167        | Telephone | (312)775-8000 |
| Name (print/type) | Donald J. Pochopien   | Date                              | July 11, 2006 |           |               |